## **COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT OR CIP APPLICATION)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PROCESS FOR MACHINING

the specification of which: (complete (a), (b) or (c) for type of application)

DECIII	AD OD	DESIGN	ADDI	IC AT	ION
REGIII	ARCIR	I JESIGN		14.441	IL JIN

(a) (b)	[ X]		ed hereto.	as Application Se	rial No	and was ame	ended on
			PCT FILED	APPLICATION EN	ITERING NA	ATIONAL STAGE	
(c)	[]		cribed and claim d on		Application	No filed o	on and as
		ACK	NOWLEDGME	NT OF REVIEW O	F PAPERS	AND DUTY OF CA	NDOR
				nd understand the any amendment r		the above identifie bove.	d specification,
				iformation which is ederal Regulations		the examination of	this application in
	] In o	complianc	e with this duty	there is attached a	n informatio	n disclosure statem	ent. 37 CFR 1.97.
				PRIORITY	CLAIM		
for p	atent c	or invento	r's certificate list	ed below and have	also identifi	ed below any forei	foreign application(s) gn application for ch priority is claimed.
				(complete	(d) or (e))		
(d)	[X]	no such	applications have	e been filed.			
(e)	e) [ ] such applications have been filed as follows:						
		EARI		I APPLICATION(S FOR DESIGN) PF		LED WITHIN 12 M ID APPLICATION	ONTHS
_	Cou	ntry	_Application N	Date of F o. (day, month		Date of Issue day, month, year)	Priority Claimed
_	Cou			FOR DESIGN) PF	RIOR TO SA iling	ORE THAN 12 MOID APPLICATION  Date of Issue day, month, year)	ONTHS  Priority Claimed
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## **CONTINUATION-IN-PART**

(complete this part only if this is a continuation-in-part application)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Registrations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

POWER OF ATTORNEY  As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.  (List name and registration number)  John J. Prizzi Registration No. 29,970  Larry R. Meenan Registration No. 33,423  Kevin P. Weldon Registration No. 34,979  James G. Porcelli Registration No. 34,979  James G. Porcelli Registration No. 28,688  John M. Halan Registration No. 28,688  John M. Halan Registration No. 28,290  Thomas W. Cole Registration No. 35,534  Thomas W. Cole Registration No. 35,252  SEND CORRESPONDENCE TO: DIRECT TELEPHONE CALLS TO:  John J. Prizzi John J. Prizzi  Kennametal Inc.  P. O. Box 231  Latrobe, PA 15650  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, o both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  Full name of sole or first inventor Parag L. Hegde  Inventor's signature  Date Country of Citizenship India  Residence 102 Wild Turkey Drive, Greensburg, PA 15601  Full name of second joint inventor, if any Paul D. Prichard  Inventor's signature  Date Country of Citizenship U.S.A.	(Application Serial No.)	(Filing Date)	(Status)	(patented, pending, abandoned)
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Date Country of Citizenship	Full name of sole or first in	ventor <u>Parag L. Heg</u>	de	
Residence	Inventor's signature			
Post Office Address 102 Wild Turkey Drive, Greensburg, PA 15601  Full name of second joint inventor, if any Paul D. Prichard  Inventor's signature Country of Citizenship U.S.A.				
Full name of second joint inventor, if any <u>Paul D. Prichard</u> Inventor's signature Country of Citizenship <u>U.S.A.</u>				
Inventor's signature Country of CitizenshipU.S.A.	Post Office Address10	02 Wild Turkey Drive, G	reensburg, PA 156	601
Date Country of CitizenshipU.S.A.		-		

Post Office Address \_\_\_\_\_1022 Faulkner Way, Greensburg, PA 15601

## CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS DECLARATION

[	X]	Signature for third and subsequent joint inventors.  Number of pages added _1
[	]	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
[	]	Signature for inventor who refuses to sign or cannot be reached by person authorized under 35 CFR 1.47. Number of pages added

## ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS

Full name of third joint	t inventor, if any <u>G</u>	regory A. Hyatt			
Inventor's signature _					
		ountry of Citizenship _			
Residence	112 Mohawk Drive	e, Barrington, IL 60010			
Post Office Address _	Post Office Address112 Mohawk Drive, Barrington, IL 60010				
		•			
Full name of fourth join	nt inventor, if any				
Inventor's signature					
Date	c	ountry of Citizenship _	U.S.A.		
Residence					
Full name of fifth joint	inventor, if any				
Inventor's signature					
		ountry of Citizenship _			
Residence					
Full name of sixth joint	t inventor, if any		MARKET		
Inventor's signature _				·	
Date	C	ountry of Citizenship _	U.S.A.		
Residence					
Post Office Address _					
Full name of seventh j	oint inventor, if any				
Inventor's signature _					
Date	C	ountry of Citizenship _	U.S.A.		
Residence					
Post Office Address _					